ALERT

THE UNIVERSAL FELLOWSHIP OF METROPOLITAN COMMUNITY CHURCHES

News from the UFMCC on AIDS Legislation, Education, Research and Treatment.

November/December 1994

[Editor's Note: Please note that this is a double issue for November and December. *There will be no separate December issue.*]

So What Gets You Through?

By Ravi Verma, Director of Administration for UFMCC

In this year, 1994, three of my friends died of AIDS, a couple I know broke up partly because one is HIV+, and another HIV+ man suddenly sold his business and left town. Another has neuropathy and is dying, a friend's father died, another's father had a stroke and is in a convalescent home, another had to put her mother in a skilled nursing home, another friend's ex-lover was killed by her ex-partner in a domestic violence scene, a co-worker's sister died, and another friend assisted the suicide of her long-time friend. My church building (MCC Los Angeles) collapsed in the earthquake, and we have been moving from location to location. I know I am not alone in going through all this.

And I wonder why I am depressed and how I can continue going on.

I know about multiple losses and grieving. I know about setting up a good support system, about exercising regularly, about the importance of my therapy, about making time to let my feelings out, and about not getting too hungry, tired, lonely or angry.

And I wonder why I am depressed and how I can continue going on.

My sense is that we have reached another level in this epidemic. One for

Mr. Ravi Verma

which there are no signposts yet. No one has gone before, and we are moving in it, often alone, sometimes with a few other weary travelers.

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Some observations about this path:

People are tired of talking about "grieving." Many people shut down when the issue comes up. The old paradigm about the stages of grief does not help too much. The very term "grief" shuts people down. We need new words to identify what is happening. There is not enough time to go through the cycle, for loss upon loss does not allow the luxury of closure. A new model to describe and lead us through multiple losses does not exist.

Some HIV-positive people are living longer, and it takes a different kind of process to go through it. Living with one you love and sharing a long journey of hospitals, medications, and emotional roller coaster rides has its own rhythm which can beat with refrains from old losses. This produces a strange opera. And how does one who is struggling with health issues deal with the layers of loss and the emptiness that follows, all at the same time? Haven't you heard people say, "I don't go to funerals anymore," or "I thought I was done with this..." or "You should just move on..." It's harder and harder to find people who will talk about it. Sometimes it is

(continued on page 2)

AIDS Care in England: Absolutely Fabulous

By Rev. Louis F. Kavar, Ph.D.

Progressive, innovative, and holistic: HIV/AIDS services in England set a different standard from what we know in the United States. From August 23 till September 14, I had the opportunity to visit several cities in England, touring many HIV facilities, and speaking in a number of venues about spirituality and HIV.

At London's Globe Centre, a four story community resource center for people living with AIDS, traditional services provided by clinical nurse specialists, social workers and occupational therapists are coordinated along with acupuncture, massage, creative arts, and hydrotherapy. Under the direction of the Rev. Elder Hong Tan, Executive Director of the Globe Centre, clients, including gay men, children, women, and ethnic minorities, are encouraged to reduce stress, live healthy lives, and explore creative interests. This integrated approach, often seen as the fringe of care in United States, is normative in

(continued on page 3)

ALERT Reader Survey

In a continuing effort to respond to your needs, and to know what you want in UFMCC's monthly newsletter on HIV/AIDS issues, we are including a Reader's Survey in this issue.

Please take a few moments right now to answer the survey, fold it over as indicated, and mail it back to us by December 15, 1994.

Thank you for your help! ▼

So What Get's You Through?

(continued from page 1)

not politically correct for non-HIV-positive people to talk too much about their own grief process. After all you are not the one dying. We know that is nonsense, but it does not make it easy to talk about it. Survivor guilt, unconscious guilt, and abandonment are significant issues.

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Not finding better ways to navigate this will lead to more "acting out" in our homes, offices and churches. All the other issues in a church's life get tangled up in our grief issues, and we take it out on each other. I feel I need a special radar to know what the real conflict is, when different people react in different ways to grief issues. Popular wisdom says that when a key member of the community dies, expect some kind of fall-out.

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Some of my concerns about all of this include:

---Alcohol, drugs, sex and others often get abused more.

---More will "slip" and have unprotected sex, and we can expect an increase in the conversion rates. How many definitions have you heard about how men interpret safe sex when it comes to oral sex? How many times have we told each other about the times we slip as if talking or not talking about it affects the risk. How many lesbians use dental dams? How can we celebrate and practice the joy and goodness of sex?

---Our communities will have to deal with people who are IV drug users, with people of color communities, with women who often don't have access to medical care or education. The conflicts between the "have's" and "have not's" grow more intense.

---Men's communities continue to change. A generation that came of age in the 70's is lost. ACT UP and Queer Nation seem to have run out of steam. There is a whole professional cadre of health workers. Generation X is a world unto itself, and often safe sex messages are not getting through. It forms another barrier between generations: there is a loss of mentors, and maybe even a fear of connecting with those who remain from the older generation.

---There is already a need for programs for HIV-negative men. This raises difficult and critical questions, starting with the relationship of HIV-negative and HIV-positive men. HIV-positive men ask, "Why do they need this?" or "Is this going to be a social group so that they can only date each other?" "In a fragmented community, do we need further divisions?" Good questions. How do we do this when in so many places it is not safe for HIV-positive people to be out? And if they are, do they have loud enough voices to be heard, and are they encouraged to speak out? This dialogue is important, and is not without anger and passion.

---Women have been part of the care process from the beginning. Women's issues often don't get the funding, access, or attention they need. Lesbians living with HIV are erased, and many lesbians live in denial about their own risks. Issues between women and men get accentuated, and the dialogue is not without passion and anger.

---Differences between urban and rural communities will increase. What happens in urban areas regarding loss and grief may not reach that level in rural areas. Access to information and resources are different. During the bubonic plague years, some people left the infected areas and moved out to rural areas where they fortified themselves and lived in protected enclaves. Outsiders (i.e., infected people) were not allowed. Nowadays, we are seeing people move to rural areas because they can't bear to lose another friend, or go to another funeral.

---The religious nazis have become more violent in their hate-mongering. The are organized, well-funded, and out to destroy our movement. They are using AIDS to further their cause. These fanatics are popping up in several countries and are of several religious persuasions. Do we have strength to organize for this battle?

---Should our overall strategy for our future be one of "resistance" or "collaboration:" questioning and demonstrating against authorities, or working with the powers that be? How do we embrace both?

---What happens as AIDS in African and Asian countries surpasses anything we have seen so far? Differences in health care availability, cultural and religious issues hinder effective outreach and care.

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A friend said, "It comes down to this some days: it's a good day if I don't go out and start shooting people." Scary, but I can empathize.

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Of course, there are moments of hope and grace, of profound humility and of deep joy. Sometimes it overwhelms me, and I focus on the big picture because it's too painful to look at myself and what I am feeling or avoiding feeling. Celebrations take on a more urgent role and serve to connect us powerfully. These happen at Church, at an ashram, at memorials, at a dance, at Gay & Lesbian pride parades, at demonstrations, or during special rites and rituals. Or they happen in the quiet of my bedroom as I am caressed by the "peace that passes understanding." Or it happens during sex.

More often it happens in those small, daily connections with loved ones. A smile, a call, a late night phone conversation, some contact with one who is a fellow traveler on this journey. I have faith that we can come up with programs to answer some of these needs. However, the "work" that we do must be of equal importance as what happens to us when we do the "work." Today I feel skeptical if we can take care of ourselves and each other enough as we do this. I do not know if we can have enough of small and big moments that connect us and strengthen us. I do not know if we can have the courage to start opening up instead of shutting down.

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How do you do it? ▼

[ALERT invites its readers to respond to Mr. Verma's article, answering the question, "So What Gets You Through?" Some readers' replies will be featured in future issues.]

Side By Side: Women Against AIDS in Zimbabwe

A fifty minute documentary, Side by Side: Women Against AIDS in Zimbabwe, is a positive message of self-help and determination about Zimbabwean women fighting AIDS by mobilizing communities, educating people, and empowering women. Available from: Villon Films, 229 B Perkins Road, Rochester, NY 14623. Phone and fax: 716/272-1458. ▼

AIDS Care in England...

(continued from page 1)

England and receives substantial funding from local government.

Healthy Gay Manchester, a gay men's risk reduction program in the city known as the British San Francisco, proves that safer sex information can be exciting, erotic, and fun. The Rev. Paul Whiting, pastor of MCC Manchester, provides visionary leadership at Healthy Gay Manchester with an almost evangelical zeal. During the Absolutely Fabulous Carnival, a three day event, Healthy Gay Manchester unveiled a T-shirt and postcard campaign with slogans utilizing the groups initials: HGM. Hundreds of Hot Gorgeous Men attended the Carnival in T-shirts captioned Hung, Godlike and Modest; Horny, Gorgeous and Magnificent; and Hormones Gone Mad. An interactive video experience laced with subliminal safer-sex messages drew enthusiastic participants. It was impossible to attend the Carnival and not be better educated about safer sex practices in an exciting and dynamic way.

At the monthly meeting of HIV Coordinators from local government health authorities in the Northeastern region of the country, I was surprised by how open and practical government bureaucrats could be. Being introduced to the group by Mr. Jim McManus, a member of the pastoral team of MCC New Castle and an HIV Coordinator for local government, I quickly discovered that the common strategy was simple: the cost of effective risk reduction education is lower than the cost of caring for one person with AIDS; therefore, high priority is given to risk reduction education. One of the programs discussed was a squad of Safe Sex Marines. The Marines are men who are paid by the local government to undergo extensive education about HIV and transmission. Marines are then given a supply of condoms and lubricants and encouraged to have sex with as many people as possible. Their mission is simple: teach safer sex in the trenches.

Local government health authorities also review risk reduction material from many countries including the United States, Germany, and Australia. The best of the work from other countries is reproduced and used widely. Information about sex with condoms is commonly found in public rest rooms at the airports and in many other places around the country. Numerous informational campaigns target specific groups and are easily accessible.

Rev. Louis F. Kavar, Ph.D.

Perhaps the most impressive agency I visited was the Sanctuary in the coastal town of Bournemouth. Founded by MCC Bournemouth with the Rev. Neil Thomas continuing to serve on the board, MCC's leadership in creating the Sanctuary continues to be pivitol. The Sanctuary is a residential center for 46 people and provides both respite and hospice care. Several local government authorities pay for people living with AIDS to spend a few weeks each year in respite care at the Sanctuary. In addition to traditional medical and psycho-social care, the Sanctuary offers a holistic approach to health through aromatherpy, hypnotherapy, massage, color, art, and music therapies, physiotherapy, homeopathy, and acupuncture. At the Sanctuary, I was introduced to the Snoezelen. A Snoezelen is a specially equipped room utilizing an innovative Dutch concept in stress management and relaxation therapy with the aid of bubbling water, colored light, and music.

My travel in England made it clear the levels of care available differed from region to region. Yet, it was evident that people living with AIDS received more comprehensive care in England than is normative in the United States. In England, the clear emphasis was on quality of life...an emphasis from which people with AIDS in the United States would benefit from greatly. ▼

[Rev. Louis F. Kavar, Ph.D. is pastor of MCC South Beach and chaplain for South Florida's HIV Pastoral Care Network.]

"Strokes For Life: Brushing Away the Denial"

The AIDS Prevention Team (APT), a project of The Black Gay and Lesbian Leadership Forum (BGLLF), a Los Angeles-based agency specifically targeting the African-American community, hosted "Strokes for Life: Brushing Away the Denial," an art exhibit about HIV and AIDS in the African-American community.

The AIDS Prevention Team sponsored the exhibit in recognition of National Coming Out Day, October 11. The exhibit focused on recognizing and dealing with the impact of the deadly pandemic of HIV and AIDS and how it is affecting the African-American Community. The featured African-American artists were: Mark Durham, Victoria Anderson and M. Patrick Jackson. The exhibit was held at the APT office in Los Angeles, from October 11, 1994 through October 15, 1994. There was an artists' reception on October 15, 1994.

Rev. LaPaula Turner, Public Relations and Media Coorinator for BGLLF, (and a UFMCC clergyperson), said "Coming out is a proactive responsibility taken by communities, groups and individuals of all ages, sizes, economic statuses, cultures and races. The AIDS Prevention Team challenges the African-American community to "come out" of denial about the impact of HIV and AIDS as it has disproportionately presented itself to our community. There are babies with AIDS, teenagers who think that it happens to everyone else, and adults who don't want sex education in the schools but refuse to teach their own children how to protect themselves. Too long have we been in denial about those in our midst who are living with HIV and who have died of AIDS."

The APT provides HIV/AIDS education and client services relating to prevention, early intervention and treatment options, geared specifically to the African-American community. The BGLLF, established in March, 1988, was formed for African-American Lesbians and Gay Men to exchange information and to address urgent issues facing the African-American Gay and Lesbian communtiy. ▼

Exercise Benefits To HIV+ Men

By Kathleen Doheny

[reprinted with permission, BCPWA News, Issue #80, Oct/Nov 1994]

A growing body of research suggests what some people already know: exercise is good for you if you're HIV positive.

Workouts can help HIV-positive men increase their muscular strength and their heart/lung fitness with no decline in the key immune system cells called CD4 or T4, according to a study published recently in the *Journal of Medicine and Science in Sports and Exercise*.

The researchers compared 37 HIV-positive men who exercised with 37 HIV-positive men who served as the control group. The exercisers, who had all been physically inactive for the previous six months, worked out three times a week for 12 weeks, combining stationary bike riding with strength and flexibility training during one hour sessions.

The control group received health maintenance counseling, but did no formal exercise and showed no strength gains at the end of 12 weeks -- suggesting they were involved in little or no physical activity, says Peter Raven, study co-author and professor of physiology at the Texas College of Osteopathic Medicine in Ft. Worth.

Researchers can't say for sure whether exercise can help HIV-positive women in the same way, since none participated in the study. Nor do researchers know the effects of long-term exercise on the immune system of an HIV-positive person. Another men-only study, conducted at the University of Miami, found that moderate aerobic exercise and relaxation techniques strengthened the immune system of HIV-positive people and even increased their "helper" cells.

The key, say experts, is to keep exercise moderate. In general that's "three times a week, one hour a day, with fairly intense exercise, enough to raise the heart rate to 150-170 beats per minute, with some weight training," suggests Raven.

The concept of exercise for HIV-positive people "makes a lot of sense" to Dr. Stephen J. Gabin, medical director of the AIDS unit at Century City Hospital (in Los Angeles). "In infected patients who are not sick, exercise is clearly beneficial," he says. But he cautions that each exercise program should be individually prescribed, based on health status, former level of activity and other factors like body weight.

Gabin tells patients, "Don't be afraid of exercise. It won't damage your immune system, and it's likely to help you in many ways."

In agreement is Nicholas Andriole, a volunteer for Being Alive, an information and support organization for people with HIV or AIDS. Andriole, who says he tested positive in 1988, has been exercising every other day for more than a year. During one-hour sessions, he walks a treadmill, rides a stationary bike and does strength training. "I'm seeing the development in my body I always wanted," he says. As important, he adds, the activity helps keep him optimistic. "Patients (who exercise) get a better self-image," Raven says, "and this seems to help them not give up." ▼

HIV Infection in Women Conference, February 22-24, 1995

(reprinted with permission, AIDS Treatment News, Issue #206, September 2, 1994)

The first U.S. national scientific meeting on HIV infection in adult and adolescent women will take place February 22-24 at the Sheraton Washington Hotel in Washington, D.C. This conference is sponsored by the U.S. National Institutes of Health, the Centers for Disease Control, the Food and Drug Administration, the Public Health Service Office on Women's Health, and other Federal agencies. Due to delays in getting final approval, the conference was not announced publicly until recently.

To receive the announcement and Call for Abstracts, or for exhibitor information, contact: HIV Infection in Women Conference, Conference Secretariat, Suite 300, 655 15th St., NW, Washington, DC 20005, phone 202/639-4111, fax 202/347-6109. ▼

HIV Info in Four Languages For Free!

The AIDS Action Committee of Boston, MA, has published a series of pamphlets designed to reach people who might not otherwise have easy access to information about HIV. *Matter of Facts* is an HIV and health information project designed to bring early intervention messages to people who are typically kept out of the information loop. Because this information is simplified, this series may be a first step for questions which lead clients to make positive HIV health decisions. The non-slick look of *Matter of Facts* provides information that is easy to revise or adapt, easy to access, and also cheap to reproduce. Duplication of this material is encouraged.

The fact sheets deliver basic information about HIV-related topics in simple, clear language and pictures. The development of this project was possible with the generous input and review from members of the HIV health care community in Boston. By including providers who serve diverse clients, the pamphlets capture the essence of what health information is needed to empower people living with HIV. It is hoped that this project will fill a gap that has long been overlooked in materials development.

Fact sheets are available in English, Spanish, Portuguese, and Creole for the following topics:

*Information About T Cells;
*You Can Live a Healthy Life with HIV;
*Listen to Your Body, Don't let Problems Wait;
*How to Look for a Good Doctor and Nurse;
*We Want to Help You;
*Pregnancy and HIV;
*Medication Can Help Protect Your Health; and
*Protect Yourself from Infections.

For general information about *Matter of Facts*, to include resources for your region in any of the fact sheets, or to order these helpful brochures, call Jeff Walker at 617/450-1234, or write to AIDS Action Committee, Attention: Educational Material, 131 Clarendon Street, Boston, MA 02116. *Matter of Facts* was developed and produced by Lori Copan. ▼